

Building the Ft Riley RESPECT- Mil Program

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Implementation Timeline

- Jan 07 MEDCOM OPORD 07-34 (RESPECT-Mil)
- Jul 07 BH Champion 1, PC Champion 1 trained
- Jan 08 Care Facilitator 1 hired (PT)
- Apr 08 Administrative Assistant 1 hired
- Apr 08 Division Aid Station screenings begin (sick call only)
- May 08 PCC vacancy (ETS)
- Oct 08 RCF 2/program OIC * replaces RCF 1

* Not supportive of program ☹

Implementation Timeline (Cont)

- Oct 08 PCC 2 hired
 - Oct 08 Screenings begin @ CTMC, Primary Care Clinic 2, Camp Funston BAS (sick call only)
 - Mar 09 First full-time RCF (3) hired *
 - Nov 09 Program OIC change ☺
 - Dec 09 RCF 3 leaves – RCF 4 hired **
 - Jan 10 RCF 5 hired (now 2 full-time RCFs) **
 - Jan 10 MSA 2 replaces MSA 1
 - Feb 10 Aid station/clinic outreaches
 - Apr 10 PCC begins Newcomer presentations
 - Apr 10 100% screenings CTMC, Aviation
- * program growth begins; ** program growth accelerates

Implementation Challenges

- PCPs and Behavioral Health (BH) concerns
 - Role change for unit PA, MD
 - Defining relationship with BH (clarify roles)
 - Provider reluctance to addition task and responsibility (insecurity – fear of unknown vs. defiance – fear of extra work)
 - Confusion regarding program

Solutions to PCP Challenges

1. EDUCATE! — Education is the solution to PCPs anxiety, fear and ignorance.

All Army PCPs may:

- RX antidepressants, BZDPs, non-BZDPs
- diagnose and treat BH disorders

2. Reassure @ Autonomy

RM is a tool to identify SMs with BH issues: PCP may choose to treat or refer

Solutions to PCP Challenges (cont)

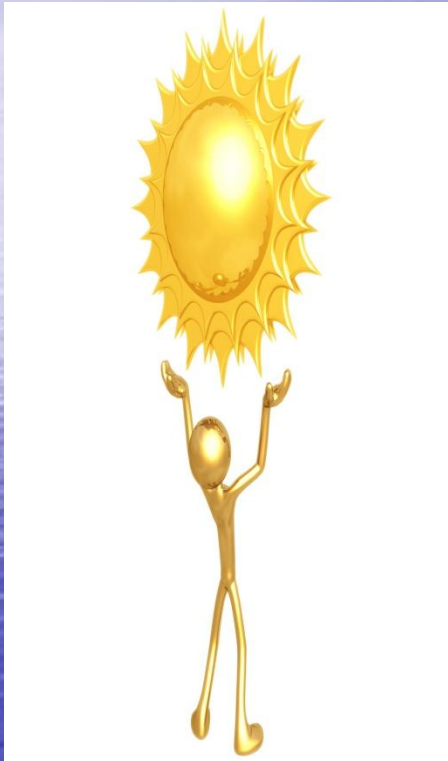
3. Sell RM as work aid, not extra work

- Most RM screenings NEG (instant MSE) – 10 seconds/patient to review completed 774

4. Duty to fellow service member

- Mental health concerns are real = RM is about reducing suffering and suicide
- Every + screen is a chance to improve/save a life!

Keys to RM Program Success



- active/committed PCC and BHC
- supportive program OIC
- active/committed RCF(s)
- aggressive/consistent outreach and education effort – leave no provider uneducated or untrained!
- coordinate with/educate BH providers (esp. social workers)